UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

# NOTICE OF ALLOWANCE AND FEE(S) DUE

23643

7590

11/18/2005

BARNES & THORNBURG 11 SOUTH MERIDIAN INDIANAPOLIS, IN 46204 EXAMINER
D ADAMO, STEPHEN D

PAPER NUMBER

ART UNIT

DATE MAILED: 11/18/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/797.280      | 03/10/2004  | James Kain           | 20341-73172         | 2936             |

TITLE OF INVENTION: JUVENILE VEHICLE SEAT WITH MOVABLE HEADREST

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 02/21/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless corrected of maintenance fee notification                                                                                           |                                                                                                                                                  | in Block 1, by (a)                                                                                | specifying a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | new corr                                                      | espondence address;                                                                                   | and/or (b) indicating a sepa                                                                                                                              | rate "FEE ADDRESS" for                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE                                                                                                                               | E ADDRESS (Note: Use Block 1 for                                                                                                                 | any change of address)                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No                                                            | ote: A certificate of                                                                                 | mailing can only be used for is certificate cannot be used for                                                                                            | r domestic mailings of the                                                                                                                           |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pa<br>pa                                                      | e(s) Transmittal. The pers. Each additional                                                           | is certificate cannot be used to<br>all paper, such as an assignme<br>to of mailing or transmission.                                                      | or any other accompanying<br>nt or formal drawing, must                                                                                              |
|                                                                                                                                                      | 590 11/18/2005                                                                                                                                   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | na                                                            |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
| BARNES & THO                                                                                                                                         |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                                                            | Cer<br>nereby certify that th                                                                         | tificate of Mailing or Trans<br>is Fee(s) Transmittal is being                                                                                            | mission g deposited with the United                                                                                                                  |
| INDIANAPOLIS,                                                                                                                                        |                                                                                                                                                  | •                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | St                                                            | ates Postal Service v                                                                                 | nis Fee(s) Transmittal is being<br>with sufficient postage for fir:<br>1 Stop ISSUE FEE address<br>TO (571) 273-2885, on the d                            | st class mail in an envelope                                                                                                                         |
| ,                                                                                                                                                    |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tra                                                           | insmitted to the USP                                                                                  | TO (571) 273-2885, on the d                                                                                                                               | ate indicated below.                                                                                                                                 |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L                                                             |                                                                                                       |                                                                                                                                                           | (Depositor's name)                                                                                                                                   |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u> _                                                    |                                                                                                       |                                                                                                                                                           | (Signature)                                                                                                                                          |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L                                                             |                                                                                                       |                                                                                                                                                           | (Date)                                                                                                                                               |
| APPLICATION NO.                                                                                                                                      | FILING DATE                                                                                                                                      | F                                                                                                 | IRST NAMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INVENTO                                                       | R                                                                                                     | ATTORNEY DOCKET NO.                                                                                                                                       | CONFIRMATION NO.                                                                                                                                     |
| 10/797,280                                                                                                                                           | 03/10/2004                                                                                                                                       |                                                                                                   | James I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Kain                                                          |                                                                                                       | 20341-73172                                                                                                                                               | 2936                                                                                                                                                 |
| TITLE OF INVENTION: J                                                                                                                                | JVENILE VEHICLE SEAT                                                                                                                             | WITH MOVABLE                                                                                      | HEADREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
|                                                                                                                                                      | 3 VEIVILLE VEIVICEE 65711                                                                                                                        | ***************************************                                                           | TILI IDICOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
| APPLN, TYPE                                                                                                                                          | SMALL ENTITY                                                                                                                                     | ISSUE FE                                                                                          | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PIIRI                                                         | LICATION FEE                                                                                          | TOTAL FEE(S) DUE                                                                                                                                          | DATE DUE                                                                                                                                             |
| nonprovisional                                                                                                                                       | NO                                                                                                                                               | \$1400                                                                                            | - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               | \$300                                                                                                 | \$1700                                                                                                                                                    | 02/21/2006                                                                                                                                           |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                       | 31,00                                                                                                                                                     | 02/21/2000                                                                                                                                           |
| EXAM                                                                                                                                                 | INER                                                                                                                                             | ART UNI                                                                                           | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               | SS-SUBCLASS                                                                                           | J                                                                                                                                                         |                                                                                                                                                      |
| D ADAMO,                                                                                                                                             | STEPHEN D                                                                                                                                        | 3636                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                                             | 97-410000                                                                                             |                                                                                                                                                           |                                                                                                                                                      |
| <ol> <li>Change of correspondenc<br/>CFR 1.363).</li> </ol>                                                                                          | e address or indication of "Fe                                                                                                                   | ee Address" (37                                                                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                             | patent front page, li                                                                                 |                                                                                                                                                           |                                                                                                                                                      |
| _ ′                                                                                                                                                  | dence address (or Change of 22) attached.                                                                                                        | Correspondence                                                                                    | (1) the nam or agents Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ies of up<br>R, alterna                                       | to 3 registered pater<br>tively,                                                                      | nt attorneys 1                                                                                                                                            |                                                                                                                                                      |
| _                                                                                                                                                    | 22) attached.<br>tion (or "Fee Address" Indica                                                                                                   |                                                                                                   | (2) the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e of a sin                                                    | gle firm (having as a<br>r agent) and the nam                                                         | a member a 2                                                                                                                                              |                                                                                                                                                      |
| PTO/SB/47; Rev 03-02<br>Number is required.                                                                                                          | e of a Customer                                                                                                                                  | 2 registered patent attorneys or agents. If no name is listed, no name will be printed.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
| 3. ASSIGNEE NAME AND                                                                                                                                 | RESIDENCE DATA TO B                                                                                                                              | E PRINTED ON T                                                                                    | HE PATENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (print or t                                                   | ype)                                                                                                  |                                                                                                                                                           |                                                                                                                                                      |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                      | an assignee is identified be a 37 CFR 3.11. Completion                                                                                           | elow, no assignee do<br>of this form is NOT                                                       | ata will appea<br>a substitute fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ar on the<br>or filing a                                      | patent. If an assign<br>n assignment.                                                                 | nee is identified below, the d                                                                                                                            | ocument has been filed for                                                                                                                           |
| (A) NAME OF ASSIGN                                                                                                                                   | EE                                                                                                                                               | (B)                                                                                               | RESIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E: (CITY                                                      | and STATE OR CO                                                                                       | UNTRY)                                                                                                                                                    |                                                                                                                                                      |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
| m                                                                                                                                                    |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                             | 7                                                                                                     |                                                                                                                                                           | <b>П</b> о                                                                                                                                           |
| Please check the appropriate  4a. The following fee(s) are                                                                                           | e assignee category or catego                                                                                                                    |                                                                                                   | Payment of F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               | Individual UC                                                                                         | orporation or other private gro                                                                                                                           | oup entity Government                                                                                                                                |
| lssue Fee                                                                                                                                            | enciosed.                                                                                                                                        |                                                                                                   | _ •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | unt of the fee(s) is en                                                                               | nclosed.                                                                                                                                                  |                                                                                                                                                      |
|                                                                                                                                                      | small entity discount permitte                                                                                                                   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               | ard. Form PTO-2038                                                                                    |                                                                                                                                                           |                                                                                                                                                      |
| Advance Order - # of Copies                                                                                                                          |                                                                                                                                                  |                                                                                                   | ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
| 5.01                                                                                                                                                 | <u> </u>                                                                                                                                         |                                                                                                   | Deposit Accor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | unt Numt                                                      | per                                                                                                   | (enclose an extra c                                                                                                                                       | opy of this form).                                                                                                                                   |
| _ ` '                                                                                                                                                | (from status indicated above MALL ENTITY status. See                                                                                             | •                                                                                                 | ☐ h Annlica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt is no le                                                   | onger claiming SMA                                                                                    | LL ENTITY status. See 37 C                                                                                                                                | FR 1 27(a)(2)                                                                                                                                        |
|                                                                                                                                                      |                                                                                                                                                  |                                                                                                   | • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                                                                                       |                                                                                                                                                           | 10717                                                                                                                                                |
| NOTE: The Issue Fee and P interest as shown by the rec                                                                                               | ublication Fee (if required) vords of the United States Pate                                                                                     | will not be accepted<br>ent and Trademark                                                         | from anyone of the from anyone of the from anyone of the from anyone of the from the from anyone of the from any anyone of the from any anyone of the from any any anyone of the from anyone of the from any anyone of the from any | óther than                                                    | the applicant; a reg                                                                                  | ly paid issue fee to the applica<br>istered attorney or agent; or the                                                                                     | ne assignee or other party in                                                                                                                        |
| · · ·                                                                                                                                                |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               | -                                                                                                     |                                                                                                                                                           |                                                                                                                                                      |
| Authorized Signature                                                                                                                                 |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               | Date                                                                                                  | <del></del>                                                                                                                                               |                                                                                                                                                      |
| Typed or printed name                                                                                                                                |                                                                                                                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
| This collection of information application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virginia 22313 | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, slinia 22313-1450. DO NOT-1450. | 11. The information, 122 and 37 CFR 1<br>O. Time will vary nould be sent to the<br>SEND FEES OR C | n is required to<br>.14. This colled<br>depending upon<br>Chief Information<br>OMPLETED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o obtain o<br>ection is o<br>on the ind<br>ation Off<br>FORMS | r retain a benefit by estimated to take 12 lividual case. Any concer, U.S. Patent and TO THIS ADDRES. | the public which is to file (an<br>minutes to complete, includir<br>omments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

|                                                                                   | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |            |                      |
|-----------------------------------------------------------------------------------|---------------------|------------------|--|--|------------|----------------------|
| 03/10/2004 James Kain                                                             |                     | 2936             |  |  |            |                      |
| 23643 7590 11/18/2005 BARNES & THORNBURG 11 SOUTH MERIDIAN INDIANAPOLIS, IN 46204 |                     |                  |  |  |            |                      |
|                                                                                   |                     |                  |  |  | 3636       |                      |
|                                                                                   |                     |                  |  |  | James Kain | D ADAMO, S  ART UNIT |

DATE MAILED: 11/18/2005

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.